



**NOTICE OF TRANSFER/MODIFICATION OF COVERAGE UNDER  
(NDPDES) GENERAL PERMIT FOR STORM WATER DISCHARGES  
ASSOCIATED WITH CONSTRUCTION ACTIVITY (NDR10-0000)**

NORTH DAKOTA DEPARTMENT OF HEALTH  
DIVISION OF WATER QUALITY  
SFN 54242 (05/15)

For Dept. Use Only

Date Received: \_\_\_/\_\_\_/\_\_\_

This form may be used to modify existing permit information for a permitted site. The form also may be used when an owner or operator of a construction project changes (see Part I.F of NDR10-0000). The new owner or operator may implement the original SWPP plan or develop a new SWPP plan. New permittees must ensure either directly or through coordination with others that their SWPP plan will meet the terms and conditions of the permit and will not interfere with another party's SWPP plan.

**PERMIT ID NUMBER: NDR10-**

REASON FOR MODIFICATION :			
<input type="checkbox"/> Add Owner	<input type="checkbox"/> Add Contractor	<input type="checkbox"/> Remove Contractor	
<input type="checkbox"/> Change from Sole-Permittee to Co-Permittee			
MODIFICATION INFORMATION			
Company Name	Contact Person	Phone Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mailing Address	City	State/Province	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OR:			
<input type="checkbox"/> New Owner	<input type="checkbox"/> New Contractor	<input type="checkbox"/> Address Change	<input type="checkbox"/> Company Name Change
OLD INFORMATION			
Company Name	Contact Person	Phone Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mailing Address	City	State/Province	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NEW INFORMATION			
Company Name	Contact Person	Phone Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mailing Address	City	State/Province	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OTHER:	
<input type="checkbox"/> New Project Name	<input type="text"/>
<input type="checkbox"/> Other	<input type="text"/>

**CERTIFICATION STATEMENT**

<p><b>Return Completed Form to:</b></p> <p>North Dakota Department of Health Division of Water Quality, 4<sup>th</sup> Floor 918 East Divide Avenue Bismarck, ND 58501-1947</p> <p>Telephone: 701.328.5210 Fax: 701.328.5200</p>	<p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</p>	
	Printed Name of Owner	Title
	<input type="text"/>	<input type="text"/>
	Signature of Owner	Date
<input type="text"/>	<input type="text"/>	

(Attach additional pages if needed)